

# REQUEST FOR INFORMATION (RFI)

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<b>PROJECT:</b>	Building "A" Remodel and Building Renovations	<b>RFI NO.:</b>	<b>PB-007</b>
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<b>OWNER:</b>	West Side Health Care District	<b>DATE:</b>	<b>07/09/2025</b>
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<b>CONTRACTOR:</b>	Black/Hall Construction, Inc. P.O. Box 445 Taft, CA 93268
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<b>DRAWING REFERENCE:</b>	<b>SPECIFICATION REFERENCE:</b>
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<b>BRIEF TITLE:</b> One-Way Glazing
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<b>DESCRIPTION OF CLARIFICATION REQUIRED (attach sheets as necessary):</b>
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The one-way glazing performance will vary with lighting conditions, and cannot be guaranteed satisfaction. Please provide a specification.
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<b>CONTRACTOR'S PROPOSED SOLUTION:</b>
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Contractor shall coordinate with Owner at the time of selection to confirm requirements and finalize details.
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<b>INITATOR:</b> Black / Hall Construction Inc.	<b>SIGNATURE:</b>
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<b>DATE RESPONSE REQUIRED:</b>	<b>ASAP</b>
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